

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF TENNESSEE

Case number (if known)

Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	What About Us In Home Health Care, Inc.		
2. All other names debtor used in the last 8 years	Include any assumed names, trade names and <i>doing business</i> as names		
3. Debtor's federal Employer Identification Number (EIN)	47-2895613		
4. Debtor's address	Principal place of business 645 E. Georgia Ave. Memphis, TN 38126 Number, Street, City, State & ZIP Code	Mailing address, if different from principal place of business 3320 Austin Peay Highway Memphis, TN 38128 P.O. Box, Number, Street, City, State & ZIP Code	Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)			
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

Debtor

What About Us In Home Health Care, Inc.

Case number (if known) _____

Name

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- Chapter 7
 Chapter 9
 Chapter 11. Check all that apply:

- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years? No. Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

Debtor What About Us In Home Health Care, Inc. _____
 Name _____ Case number (if known) _____

- 10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**
- No
 Yes.

List all cases. If more than 1, attach a separate list

Debtor	Nakita Cannady and Carl Cannady, Jr.	Relationship	Individual is Presi./Shareholder
District	WDTN	When _____	Case number, if known 23-24835

- 11. Why is the case filed in this district?** Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
 A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

- 12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

- No
 Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____
 It needs to be physically secured or protected from the weather.
 It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
 Other _____

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

- No
 Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

- 13. Debtor's estimation of available funds** Check one:

- Funds will be available for distribution to unsecured creditors.
 After any administrative expenses are paid, no funds will be available to unsecured creditors.

- 14. Estimated number of creditors**

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1-49
<input type="checkbox"/> 50-99
<input type="checkbox"/> 100-199
<input type="checkbox"/> 200-999 | <input type="checkbox"/> 1,000-5,000
<input type="checkbox"/> 5,001-10,000
<input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> More than 100,000 |
|--|---|---|

- 15. Estimated Assets**

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> \$0 - \$50,000
<input type="checkbox"/> \$50,001 - \$100,000
<input type="checkbox"/> \$100,001 - \$500,000
<input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$1,000,001 - \$10 million
<input type="checkbox"/> \$10,000,001 - \$50 million
<input type="checkbox"/> \$50,000,001 - \$100 million
<input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> More than \$50 billion |
|---|--|--|

Debtor What About Us In Home Health Care, Inc. Case number (*if known*) _____
Name _____

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor

What About Us In Home Health Care, Inc.

Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 20, 2023

MM / DD / YYYY

X /s/ Nakita Cannady

Signature of authorized representative of debtor

Nakita Cannady

Printed name

Title President and CEO

18. Signature of attorney

X /s/ Toni Campbell Parker

Signature of attorney for debtor

Date November 20, 2023

MM / DD / YYYY

Toni Campbell Parker

Printed name

Law Firm of Toni Campbell Parker

Firm name

45 N. Third Ave., Ste. 201

Memphis, TN 38103

Number, Street, City, State & ZIP Code

Contact phone 901-683-0099

Email address tparker002@att.net

006984 TN

Bar number and State

Fill in this information to identify the case:

Debtor name	What About Us In Home Health Care, Inc.
United States Bankruptcy Court for the:	WESTERN DISTRICT OF TENNESSEE
Case number (if known):	_____

Check if this is an
amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Brown & Joseph BiBak Business						\$523.00
CIGNA John P. Dimanno, Esq. 900 Cottage Grove Rd., W3 SW Bloomfield, CT 06002		Overpayment				\$812,091.22
Comcast P.O. Box 530098 Atlanta, GA 30353-0098		Services				\$1,160.86
Federal Alarm 3550 Covington Pike #108 Memphis, TN 38128		Services				\$2,190.00
Internal Revenue Service Memphis, TN 38101-0069		Taxes				\$0.00
Regions Bank Regions Center 1900 5th Ave. Ste.1400 Birmingham, AL 35203				\$22,600.00	\$0.00	\$22,600.00
SBA 2 North St. Ste. 320 Birmingham, AL 35203		Renaasant Bank		\$155,000.00	\$0.00	\$155,000.00
SBA 167 North Main St. Memphis, TN 38103		Cash on Hand		\$150,000.00	\$500.00	\$149,500.00

Debtor	What About Us In Home Health Care, Inc.	Case number (if known)			
Name					
Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.	
				Total claim, if partially secured Deduction for value of collateral or setoff Unsecured claim	
Simmons Bank P.O. Box 8012 c/o Centtsl Losn Admin. Little Rock, AR 72203		645/661 East Georgia, Memphis, Ave. Building is warehouse type space with the In Home Health Care Agency Office at one end of space and the Soul Trai		\$1,149,684.64 \$0.00 \$1,149,684.64	
Simmons Bank P.O. Box 8012 c/o Centtsl Losn Admin. Little Rock, AR 72203		All business assets of Debtor and deed on 4983 Rowen Oak, Collierville, TN 38017		\$93,352.76 \$0.00 \$93,352.76	
State of Tennessee Dept. of Revenue 500 Deaderick St. Nashville, TN 37242		taxes of Soul Train Lounge			\$10,000.00
Tennessee Labor and Workforce Bureau of Workers Comp 220 French Landing Nashville, TN 37243					\$0.00
Waste Connections 5901 Shelby Oaks Dr. Suite 180 Memphis, TN 38134		Services			\$0.00

**United States Bankruptcy Court
Western District of Tennessee**

In re What About Us In Home Health Care, Inc.

Debtor(s)

Case No.

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Niquita Cannady 4983 Rowen Oaks Rd. Collierville, TN 38017	President	100%	

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President and CEO** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date November 20, 2023

Signature /s/ Nakita Cannady
Nakita Cannady

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

Brown & Joseph
BiBak Business

Carl Cannady

Carl Cannady

CIGNA
John P. Dimanno, Esq.
900 Cottage Grove Rd., W3 SW
Bloomfield, CT 06002

City of Memphis Treasurer
City Hall, 125 N. Main, Ste. 375
Memphis, TN 38103

CLA

Clover Leasing

Clover Leasing

Comcast
P.O. Box 530098
Atlanta, GA 30353-0098

Federal Alarm
3550 Covington Pike #108
Memphis, TN 38128

Federal Alarm

Internal Revenue Service
Memphis, TN 38101-0069

Lee Webber

Nikita Cannady

Nikita Cannady

Nikita Cannady

Regions Bank
Regions Center
1900 5th Ave. Ste.1400
Birmingham, AL 35203

SBA
167 North Main St.
Memphis, TN 38103

SBA
2 North St. Ste. 320
Birmingham, AL 35203

Shelby County Trustee
P.O. Box 2751
Memphis, TN 38101

Simmons Bank
P.O. Box 8012
c/o Centtsl Losn Admin.
Little Rock, AR 72203

Simmons Bank
P.O. Box 8012
c/o Centtsl Losn Admin.
Little Rock, AR 72203

State of Tennessee Dept. of Revenue
500 Deaderick St.
Nashville, TN 37242

Tennessee Labor and Workforce
Bureau of Workers Comp
220 French Landing
Nashville, TN 37243

Waste Connections
5901 Shelby Oaks Dr. Suite 180
Memphis, TN 38134

**United States Bankruptcy Court
Western District of Tennessee**

In re **What About Us In Home Health Care, Inc.**

Debtor(s)

Case No.
Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for What About Us In Home Health Care, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

- None [*Check if applicable*]

November 20, 2023

Date

/s/ Toni Campbell Parker

Toni Campbell Parker

Signature of Attorney or Litigant

Counsel for What About Us In Home Health Care, Inc.

Law Firm of Toni Campbell Parker

45 N. Third Ave., Ste. 201

Memphis, TN 38103

901-683-0099 Fax:866-489-7938

tparker002@att.net